

IBU VACATION / LWOP*
REQUEST

STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES
ALASKA MARINE HIGHWAY SYSTEM
7559 N. TONGASS HWY., KETCHIKAN, AK 99901

FAX: (907) 228-6873 / Unlicensed Dispatch Group EMAIL: dot.amhs.dispatch@alaska.gov

A. **NAME:** _____ **DATE:** _____

JOB: _____ **VESSEL & CREW:** _____

B. PREFERENCE FOR MY VACATION AND/OR TIME OFF IS LISTED AS FOLLOWS:

1) **FIRST OPTION:** FROM: _____ TO AND INCLUDING: _____

NUMBER OF WEEKS: _____ **PAY PERIOD ENDING:** _____

2) **SECOND OPTION:** FROM: _____ TO AND INCLUDING: _____
IF 1st IS NOT APPROVED.

NUMBER OF WEEKS: _____ **PAY PERIOD ENDING:** _____

3) **THIRD OPTION:** FROM: _____ TO AND INCLUDING: _____
IF 1st OR 2nd IS NOT APPROVED.

NUMBER OF WEEKS: _____ **PAY PERIOD ENDING:** _____

C. OTHER USES OF VACATION:

1) I AUTHORIZE THE USE OF VACATION AND/OR "A" DAYS IN LIEU OF SICK LEAVE AFTER I HAVE EXPENDED ALL ACCUMULATED SICK LEAVE AND ONLY UNTIL I AM FIT FOR DUTY. _____ [INITIAL]

* EMPLOYEES SHALL BE RESPONSIBLE FOR SUBMITTING THEIR OWN TIMESHEETS WHILE ON LEAVE.
* L. W. O. P. WILL NOT BE APPROVED UNTIL AFTER ALL VACATION AND / OR "(A) DAYS HAVE BEEN EXPENDED.
* IF AN EMPLOYEE SEPARATES FROM SERVICE WHILE ON VACATION/LWOP, IT MAY HAVE A NEGATIVE AFFECT ON PAY AND BENEFITS. PLEASE CONTACT PAYROLL SERVICES WITH ANY QUESTIONS.

D. **EMPLOYEE SIGNATURE:** _____

E. **LEAVE APPROVAL:** OPTION NO. _____ IS APPROVED OR LEAVE IS DENIED: _____

EMPLOYEE TO BE SUBJECT TO DISPATCH ON /OR AFTER: _____

AMHS APPROVAL SIGNATURE DATE

REMARKS: